

**Annual Permit Fee - \$60.00**

Permit #

**ARKANSAS LIVESTOCK AND POULTRY COMMISSION  
P O BOX 8505  
#1 NATURAL RESOURCES DRIVE, ROOM 108  
LITTLE ROCK, AR 72215  
501-907-2455  
fax 501-907-2234**

**APPLICATION FOR ARKANSAS EGG HANDLER PERMIT**

COMPANY NAME \_\_\_\_\_

COMPANY  
REPRESENTATIVE \_\_\_\_\_

E-MAIL  
ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_

BUSINESS  
LOCATION \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX \_\_\_\_\_

Packers please supply:

USDA

PLANT# \_\_\_\_\_ EPIA# \_\_\_\_\_

Egg Products Inspection Act

If you are a **distributor or wholesaler**: Please list on the back, all of your suppliers of eggs and egg products.

If you are a **processor**: Please list on the back, all distributors or wholesalers that sell eggs in the State of Arkansas that were packed by you.

SIGNATURE OF APPLICANT \_\_\_\_\_

TITLE \_\_\_\_\_

**MONTHLY FEE'S DUE BY THE 15<sup>TH</sup> OF THE FOLLOWING MONTH**